







FY06 Strategic Action Plan



Accountability

To transform the provision of Medicaid services to support individual choices and preferences.



Disabled and Elderly Health Programs Group Center for Medicaid & State Operations





CMS (Centers for Medicare/ Medicaid)

CMSO (Centers for Medicaid State Services)

DEHPG (Disabled and Elderly Health Programs Group) Last year, the Disabled and Elderly Health Programs Group (DEHPG) engaged in our first formal strategic planning effort. As we expected, the public declaration of the principles and vision helped us to shape our goals and objectives for the year and served as a guide for our day-to-day work.

This year, we have refined our goals and objectives in light of countless hours of input from our own DEHPG staff and other important stakeholders. Activities like the implementation of the Part D drug benefit, the deliberations of the Medicaid Commission and the passage of the Deficit Reduction Act of 2005 have also presented new opportunities.

We continue to focus on making possibilities of individual choice, State flexibility and accountability into realities by engaging in specific strategies towards common goals. In the coming year, we will remain committed to transforming the provision of Medicaid services to support individual choices and preferences.

Specifically, we remain committed to:

- 1. Assuring elderly individuals and individuals with disabilities benefit from the Medicaid program by expanding and strengthening partnerships with States, Federal programs, consumers, advocates, national associations, and other CMS Centers and groups;
- 2. Facilitating state efforts to better serve beneficiaries through program innovation and flexibility;
- 3. Helping beneficiaries lead better lives by advancing Medicaid policies and programs that facilitate individual choice and control; and
- 4. Improving the quality of services beneficiaries receive by better defining and advancing quality principles in our programs.



Functional Areas

- State Plan adjudication
- 1915(b) adjudication
- 1915(c) adjudication
- 1115 adjudication
- Financing policy analysis and recommendations including:
 - Estate recovery
 - Coordination of health care benefits (Third party liability)
 - Cost Sharing
- Program policy analysis and recommendations
- Grants development and administrative support (e.g., TWWIIA, Systems Change)
- Grants management
- Quality oversight and improvement
- PACE provider applications
- Information systems development
- Information maintenance and management
- Education and outreach
- Technical assistance to states and grantees
- Research and knowledge development including (but not limited to):
 - Self-direction
 - Mental Health
 - Employment
 - Housing/Homelessness
 - Special populations, including persons living with HIV/AIDS
 - Annuities
 - Dual Eligibles
 - Transfer of assets
 - Mental Health
- Human resources management and development
- Transitioning dual eligibles into Part D

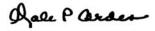
In addition, we remain committed to improving work life for our valuable staff by making DEHPG the "place in CMS where everyone wants to work."

This is a critical year. Congress answered the call from States and individuals with disabilities and older people for reform of our Nation's long-term support system. And now we have the responsibility to answers Congress's call to implement the reforms.

We realize that the decisions we make, the procedures we implement, and the actions we take have broad impact on the American public. We see a unique opportunity to give States many of the tools they need to "rebalance" their long-term support programs so that individuals with disabilities and older people can live meaningful lives in the community. We also recognize the responsibility for sustaining the integrity and viability of the Medicaid program for those in the greatest need.

Please join me in making possibilities into realities this coming year.

Gale P. Arden



Director, Disabled and Elderly Health Programs Group

"What matters now, as always, is not what we can't do: it is what we can and must do."

Eleanor Roosevelt

Mission

The Disabled and Elderly Health Programs Group's provides national leadership for the design of financially sound Medicaid programs. We help States and others develop programs that support individuals of all ages. The programs we foster emphasize:

- long term and pharmacy services,
- full participation in community life (including independent living),
- economic self-sufficiency, and recovery.

Vision

To transform the provision of Medicaid services to support individual choices and preferences.

Guiding Principles

- State flexibility
- Accountability (program and individual)
- Individual choice



Goals

- 1 Assure elderly individuals and individuals with disabilities benefit from the Medicaid program by expanding and strengthening partnerships with States, Federal programs, consumers, advocates, national associations, and other CMS Centers and groups;
- 2 Facilitate state efforts to better serve beneficiaries through program innovation and flexibility;
- 3 Help beneficiaries lead better lives by advancing Medicaid policies and programs that facilitate individual choice and control
- 4 Improve the quality of services beneficiaries receive by better defining and advancing quality principles in our programs.
- 5 Make DEHPG the "place in CMS where everyone wants to work."



Goal 1

Assure elderly individuals and individuals with disabilities benefit from the Medicaid program by expanding and strengthening partnerships with States, Federal programs, consumers, advocates, national associations, and other CMS Centers and groups.

OBJECTIVES

Objective 1.A.

Increase the support for and understanding of program changes through engaging stakeholders in developing, understanding and tracking policy.

■ Objective 1.B.

Increase beneficiaries' access to the Part D Medicare Prescription Drug benefit through working with States to wrap-around and support efforts to implement the Medicare Modernization Act (MMA).

Goal 2

Facilitate States' efforts to better serve beneficiaries through program innovations and flexibility.

OBJECTIVES

■ Objective 2.A.

Increase beneficiaries' access to services through collaborative, proactive solutions with States that result in program innovations and flexibility.

■ Objective 2 B.

Increase support for State efforts to manage costs while ensuring programs operate in a manner consistent with law and regulations.

Goal 3

Help beneficiaries lead better lives by advancing policies and programs that facilitate individual choice and control, and promote community living.

OBJECTIVE

Objectives 3.A.

Build State capacity to develop health care delivery systems that provide individuals with choice and control over their lives.

Goal 4

Improve the quality of services beneficiaries receive by better defining and advancing quality principles for our programs.

OBJECTIVE

■ Objective 4.A.

Build States' capacity for using quality elements and measures in order to continuously improve each of our programs.

Goal 5

Make DEHPG the "place in CMS where everyone wants to work."

